# The Epidemic of Sensitivity: Healing Mast Cell Activation and Histamine Intolerance Transcript

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## Introduction to Mast Cell Activation and Histamine Intolerance

In our next discussion, we're going to be providing immense clarity on a couple of inflammatory conditions that can be really challenging and confusing for many people.

And these are mast cell activation syndrome and histamine intolerance. And to help me do that is one of the most insightful and experienced integrative doctors out there.

Doctor Christine Schaffner is a natural Pathak doctor with over 15 years of experience guiding patients through very complex, chronic illnesses. She's a pioneer in the emerging field of coherence medicine.

She integrates Cutting-Edge science with quantum principles to help people restore health, clarity and vitality. She's recently partnered with Scylla, a new venture dedicated to building next generation clinics, practitioner training, and products that bridge bio regulatory medicine with coherence based healing.

Through her clinic clinical work teaching innovative projects, Doctor Schaffner is helping to create a new paradigm of medicine where patients reclaim their energy, resilience and consciousness.

Doctor Christine, welcome. Thank you so much, Jason. It's always an honor to be here and I love our dialogs. Over the years. Absolutely. And maybe we can start off with a couple terms that people may not be familiar with, just to kind of provide a lens, your lens, through which you see health and medicine and disease.

And by that I mean coherent medicine. So we can talk about coherence medicine and then bio regulatory medicine. What do these terms mean to you and how does that sort of inform how you see health.

Yeah. Thank you so much. And you know this has been an evolution and a journey. And I feel really you know, I'm at this really amazing place of gratitude with my years of experience.

And life keeps changing and evolving. And, you know, the stressors on the human body keep changing and evolving. And I think through my journey as a clinician, I've also, you know, had this desire to help people really, truly shield on a soul level and not just, you know, prescribe, you know, the best protocol, but really there's a deepening of healing.

And, you know, I've always been really passionate about quantum physics, biophysics. You know, the electricity in the body, the electromagnetism, the light, the sound, you know, the ether, the field that we're, you know, swimming in and this idea that we're all, you know, freed or is and we have this unlimited or unlimited potential around us and within us.

And how do we access that? And so, you know, I've been on a journey and I don't pretend to have all the answers. It's just really an inquiry from my career.

And my personal experience really deepened my desire to, you know, bridge all these principles together. I went through an immense, stressful time that many people out there who are listening are either in or have, you know, been able to see that in retrospect.

And I really leaned on these principles, as I would say, the field meditation, heart, brain, coherence group healing, trust, faith, and really the desire to live holy.

## Coherence Medicine and Bio-Regulatory Principles

And that really, you know, developed in my medicine as I, you know, healed in my own life. And I was grateful to be trained right out of natural products school and by regulatory medicine.

So this is the idea that's very similar to naturopathic medicine that the body is intelligent, right? That we are not sure to fix anything. We're here to remove obstacles to allow that vitality to run through the body and heal what is wiser than any doctor.

Right. So by regulatory medicine really is there's, you know, parameters in this foundation. And then we have principles like interference fields. So we name like what are very common overlooked ideas that are blocking vitality and regulation.

And that can be focal infections where the body no longer responds. And there's this reservoir of pathogens or toxicants that keep poisoning the body.

But it's silent and mysterious. And so that command tonsils me into sinuses in the mouth. We look at conventional dentistry and the practices that can really affect the meridian system the lymphatics, the fascia, the nervous system.

And we, you know, work with great biological dentists to treat that. And it's also a terrain based philosophy where we are there to allow the body to be empowered and resilient and adaptable, and we don't only focus on the outside environment, which we're very presence to and aware of.

But how do we build from within a organism that can, you know, thrive even in the utmost stressful times? Right. So that has really guided me in clinical practice.

One other interference field I didn't mention are scars. So scars can affect the electrical and the energy body and also the lymphatics and the fashion, the nervous system.

So those are really rewarding to treat as well. So that body worked, has really guided my career and definitely helped me to help a lot of people. And then I would say I was already dabbling with these ideas before my own journey, and I landed on this idea.

I know you and I both really love the term coherence, and I really kind of thought, okay, coherence medicine, what does that mean? Right. So coherence is a principle in physics where it talks about when to wave forms are in phase and they're in communication.

They're in alignment. There is a basically a amplification of energy for healing. And this can be applied to, you know, just principles of physics to, you know, quantum physics to life, to health and what I mean with this and the healing environment is that, you know, how do we free alignment within the body, right within the systems of regulation, which are the nervous system, the fascia within, you know, the biochemistry, but also that I kind of think of that we have all these, you know, parts of who we are.

Right. And how do we create wholeness. And we're not, you know, ignoring those hidden or fragmented or those things that we don't want to look at, but we create wholeness, you know, that we become more whole and not only a physical level, but, you know, energetic.

And there's many other levels to this, but also really a soul level that we can be in communication with our higher self. You know, whatever we believe in and have a connection to guide us.

Right. Life is always going to bring to us, you know, obstacles or learning experiences or challenges. But how do we come, you know, back to ourselves and know that we're part of something bigger and greater.

And being communication in connection with that. And that really is, you know, an evolution. And I'm sure next year I'll have a different definition. But that's, you know, where I am today with, you know, these ideas and how they inform me.

Well, it's interesting as you as you say, that kind of what comes up for me is, you know, as a student of Arvada and a little bit of Chinese medicine and a little bit of indigenous medicine around the world.

These are the type of things that that really inform those practices. Right? So there's there's a in other words, there's a deeper aspect beyond the chemistry, beyond even the biology that we can see through microscopes.

Right. And and also what came up for me was it's what I've noticed is that it's the practitioners who really have had the courage to, to walk into these fields of very difficult cases where there's clients that come to them and it's it's very complex.

They're very compromised. And that's not an easy thing. And the more a practitioner, a doctor has seen those type of patients or clients, the more I think they're kind of forced to open up beyond their training to something else.

In other words, you kind of run into the into the wall a little bit. You run into dead ends with these people. And if you have the heart and the desire to help, then it forces you to branch out into something that you have not looked at yet, because something that is beyond your scope and inevitably run into these ideas and these concepts that maybe seem a little foreign or unfamiliar at first.

But there's a there's a resonance within you of something that's missing in your clinical practice or a clinical experience, and you start bringing them in. Right.

And I love that you said, like, there's this anticipation of probably next year I'll think differently. Or, you know, two years from now I'll have a different perspective.

And that comes from the experience of recognizing the humility and the lack of full knowledge of this stuff, because it is so complex and we are such amazing creatures.

But yet there's this deep trust that the patient can heal the body can heal, that the body mind, the spirit, the soul. There's there's something so intelligent there that no matter how complex the case, no matter how foregone, this seems to be, that there is a vitality there that has an unbelievable capacity to recover.

And so anyway, that that's just kind of what I've noticed, that there are certain people out there, and you're one of those that really continues to walk into the flame of the unknown.

Yeah. Thank you so much. And, you know, I you know, I totally echo that. And I'm very humbled. You know, I think all of us leave and leave school and we begin practicing and we have all these ideas, and we're not going to do this.

We're not going to do that. We're only going to do this. And then we're so humbled by we have to be open what works for that individual person and that might, you know, challenge our inner belief system or our knowing at the time.

But it, you know, stretches that. Right. And, you know, through my own journey, I just really have this desire to not only, you know, anybody who shows up at my office that I, of course, have a desire to see them return to wholeness and to see their physical body not being suffering.

But I also very much know that, you know, I don't have all the answers and that I just want to be open to the possibility of those answers potentially coming through me for that person.

And I feel like that has really guided me, whether that's intuition, trust, knowledge, wisdom, I I'm not sure, but it's probably a combination of all of that.

## Understanding Mast Cell Activation and Histamine Sensitivity

And, you know, sometimes I'm sitting in front of a person, I'm like, I have no idea what this is going to go, but I have

a written cadence in my office visit that allows me to open up to other information, and that's usually where I get the answers.

I'm truly honest. And it's it's funny, I thought I found this to be the case in relationships in in my own system, in business, whatever the case is the balance of sort of masculine and feminine.

And what I'm hearing you said that I think, I think a lot of patients or clients may not get a lot of is this sort of feminine aspect of the doctor's listening and following instead of trying to take charge.

And I'm going to create health. And and so I think this is what I noticed missing a lot in, in clinical practice. But in this discussion I want to talk specifically about a few conditions, a few cases that are very challenging for people.

And these you can kind of lump them in together as sort of inflammatory conditions. And again, we give them these names and which may or may not be all that relevant, but nevertheless it helps us to identify what we're working with here.

So one of them that is is referred to as mast cell activation syndrome. Another one might be histamine intolerance. You might have a couple others that you find work into this mix as well.

But kind of let you kind of paint this broad overview of what these things are and how people can think about them in this sort of, let's say, traditional context.

Before we dive in and discover a little more. Yeah, absolutely. And I actually spoke at a conference this spring, and they were all these ideas of what I was going to say.

And I told the conference organizer, I said, you know, there's just really an epidemic of sounds. It should be out there. And he's like, I want you to talk about that.

And it's really been something that has, again, humbled me. You know, I have been practicing for 15 years. And in the beginning, I would say there were those patients, we would call them multiple chemical sensitive.

They might even have the emerging ideas we had about electro hypersensitivity. But these are the people that you would they would walk in your office.

And if somebody had perfume or a cell phone, you know, fibers down, they would instantly feel that and their body would react. You know, a lot of people just lump these people in the psychosomatic or, you know, they're just crazy or how could that be true?

But, you know, I witnessed them enough that I noticed that this was totally something very real that maybe we didn't understand at the time, which we actually didn't understand the time, but we understand more now.

And I saw those people get better, you know, as well. So I would say sensitivity at this point is a spectrum and it can be modulated. So it is a symptom and it's not a diagnosis.

And I think that we were all kind of forced to learn this. Those of us who are practicing because since Covid and I can write down why since Covid, but since COVID's been in our terrain, sensitivity has been exponentially increased in people.

And I've just seen this. So when we think about mass and we think about histamine tolerance, histamine intolerance is on one end of the spectrum. And then mast cell activation is on another end of the spectrum.

And then even further is naso psychosis, which is a clinical diagnosis. That's pretty extreme. And outside of, you know, our scope of this conversation.

So and then within histamine intolerance and mass salt, there's a lot of variations. And a lot of people are in the

gray zone if you want to diagnose them clinically.

So it's really a clinical diagnosis at this time. And where I really want us to focus, you know, for these folks is when we really kind of lay the narrative and model around the cell and what it does, what it responds to and why it's overreacting and hyper vigilant and these things.

But these patients are very sensitive to their environment. They're often shy of what we call postural or static tachycardia. So they're dizzy when they stand up.

Their heart rate goes up. They have a lot of arrhythmia. They'll have flushing in their cheeks, they'll have brain fog. They'll have high anxiety. They have insomnia, nausea.

They'll have diarrhea. The have got pain. They'll have pain. And they're very sensitive to environmental stressors. You know, they have often correlated even if it's stress or when I take this or when I'm here, my body overreacts.

And some people are blessed. Said they know their triggers. In some people, it's a trigger all day long, right? They have these multiple systemic and multivariable symptoms that are, you know, there's a big throughline when you understand terrain, medicine, regulation and mass so that you can really create momentum for these folks.

And I would say that there's some new directions I want to go. So I'll start here. So when I talk about regulation, when I talk about this ability for everybody to heal, and we all have this ability, the two big networks of communication in our body are the autonomic nervous system and the fashion.

So the autonomic nervous system is all of our automatic functions. Right. And many of us kind of understand the autonomic nervous system through our vagus nerve. Right.

So there's a lot of awareness around the vagus nerve, which is a big nerve in our body that comes from our brainstem wraps around your neck and our backs, our heart, our lungs and our gut obsessed, you know, basically, they're very simplistically change gears from sympathetic to parasympathetic and there's Polly vagal theory too, but, well, we won't go into that for this conversation.

And then there's the fascia, which is not just a structural fabric. It's a fabric of communication and irrigation in the body. So the health of the fascia is really important to get communication networks and cellular signaling control signaling throughout the body.

And if one area is damaged, it can affect the whole or one area. Bio accumulates different toxicants or trauma or pathogens that can affect the whole.

So those systems are actually also where our mast cells love to hang on and our mast cells are an alarm. So they're part of our immune system that when you get a bee sting is going to go respond and get it.

Go throw out over 200 mediators to engage the other parts of the immune system, to clear that bee venom out of that tissue. You know, there might be swelling in the short term, redness, itching, you know, so forth.

And in extreme examples, people might start to get a swollen tongue or their throat might start to close. And then that is, you know, either somebody gets an EpiPen or Benadryl and then things calm down and, you know, or the body clears and so on.

But and, you know, our modern terrain, we have mast cells around our vagus nerve, around our autonomic nerves, around our, you know, connective tissue, our fascia or matter lymphatics around our blood vessels, around our brain and around our gut.

And in the modern marine, we're not just looking for a bee sting. These are the areas where Lyme and co-infections love to hang out. Covid loves to hang out, spike protein loves to hang out, mold and mycotoxins love to hang.

You know, viruses and retroviruses love to hang, have Hasidic infections to hang out. And also these mast cells responded vibration so they can respond to potentially 5G or, you know, a scent that gets transmitted to biochemistry in the body.

So they're sensing and feeling and responding to our environment. And I think what's happened that so that really just accelerated for people is that our terrains are overburdened and they are at this time where there's not as much, you know, rest in between triggers, that there's a kind of constant alarm signal being spoken and the body around key regulatory tissues.

And when mast cells become hypervigilant, they become very sensitive to degrading light. And when they're deep granulated, often they create these symptoms.

So that is, you know, there's so many more things to elucidate there. But that's mast cell activation. And then histamine intolerance truly is. And people have an enzyme called diamine oxidase especially in their gut lining.

If it's in lower amounts or AP genetically lower amounts in their intestine, they don't break down histamine as well in their digestive tract. And or they don't methylated histamine to get eliminated.

And their body and their liver while with their H methyl and transferase enzymes. So there is kind of a reduction of capacity. I of course think always epigenetic.

So these people are better respond. So if you give them good liver support and Dow enzyme to take with meals, they start responding. It's not that you have to use like 5 to 7 different strategies to calm themselves down.

So you can actually treat their underlying causes. So let's go into we're going to hit the in a little bit later I want to stay on mast cells now. So these are clearly very important immune mechanisms in the body.

And we're kind of losing our our tolerance right. We're losing our discernment that that level because they're so hyper vigilant. You mentioned a few things.

Why else might somebody have mast cell activation syndrome. Why might that kick start? You know, a couple of things that come to mind for me are something like a head trauma. Right.

So how the heck would that, you know, translate something ten, 15 years ago or molt from 10 or 15 years ago, or how does something from maybe a long time ago, maybe a significant traumatic event?

How does that how does that translate into mast cell activation syndrome being kind of this biochemistry that we're losing control over? Yeah. And I kind of think of, you know, there is usually maybe potentially an event that people, you know, connecting the cell activation to.

But there is a lot that happens underneath that event that makes them vulnerable. So I kind of saying like, you know, my average patient, you know, starts that preconception, right.

And then you know, how they were born and what was their prenatal and postnatal care. You know, what was their age? 0 to 7. You know, did they, you know, get mono really badly then get a tick bite and lived in mold and had a horrible relationship.

And some of these things they may not even know. Right. Like you may not know that you're exposed to more than eight years old. Your parents may not have known. Right?

Like this is what makes it so complex and tricky as a practitioner or a doctor, as well as a patient to try to figure out what's causing this stuff. Right? Totally. And, you know, we're we're detectives.

At the end of the day. And, you know, when somebody comes with like a very linear experience, which is very not common.

## Root Causes, Triggers, and Terrain Factors

But if they said I had a head injury and, you know, wasn't the same, you know, we have to think about you know, do detective work and, you know, tests are getting better.

They still are lackluster, but they are getting better to try to understand, you know, the training that person and why they were vulnerable. So, you know, mast cells are around the nerves.

They're around the lymphatic vessels. They're around the blood vessels. And, you know, through environmental, biochemical, vibrational or trauma terrain triggers, they can be sounding off those alarm bells.

And so then, you know, with a head injury, one of the biggest things that happens in the brain is that the empathic activity changes, right. So then there's going to be more bioaccumulation or oh, toxicants and pathogens in that extracellular space between the neurons.

And so that is going to create more instability for the mast cell because that it that, you know, I always go back to the extracellular matrix no matter what I'm seeing, because it's the health of the body, is really this microcosmic space which mast cells hanging out.

And the cell theory you're that our lymphatic drainage is that the waste is able to be taken out of the cells that the lymphatics drain. Then there's not this bioaccumulation of aluminum and mercury and microplastics and lightning co-infections and spike protein.

And it's really that combination of things. It's number one thing. My job would be very easy if it was one thing creates this environment that the cells have to respond.

That's their job. They're constantly basically bombarded and triggered by these environmental insults and this extracellular matrix that creates this inflammatory propagation.

Because histamine, we talk about all the time and histamine allows us to really understand this because we all have a sense of histamine. You know, things are itchy, red, inflamed.

And I would say they're leaky. They're the vessels are leaky. Part of histamines job is to create space in the vessels. So the immune cells can, you know, come in.

But often, you know, if that's prolonged, there's a demand for space. And swelling and just more stagnation breeds. There's other things vasodilators and, you know, other chemokines and cytokines that, you know, engage other basically immune cells to respond and react.

So the whole communication trail of a mast. So it's not just the mast cell in the local environment, it's the communication trail that it that it signals that that also creates inflammation.

So our immune system so amazing and wise. But if we're creating something it's supposed to be acute in short term like the bee sting. But it's an everyday experience.

You can see how these people are chronically inflamed and don't feel good at all. Yeah. And so so it can be these sort of significant triggering events, right, that create this sort of mast cell activation syndrome, this expression that we might go to a doctor for, or more likely it sounds like is is these series of events happening over the course of ten, 20, 40 years that accumulate, that eventually overwhelm the capacity of your immune system, of that communication system and the mass cells in particular, and how they're expressing.

Then it's almost like all of a sudden this thing happens, right? And so I think that's what's confusing, you know, and even as a practitioner, it took me a minute to really fully see that play out in so many people, because basically everybody kind of says and one day it just happened.

Right. And like, and it's not necessarily one day, but in the course of a couple of weeks. But in their mind it's a very real, like black and white kind of type of time frame.

And the reality is, is that's been building up in somebody most likely. And then there's the straw generally that breaks the camel's back. Yeah. And Covid was a big, you know, straw for people recently.

And I think that's why we see so much sensitivity where the people got the injection or have the infection. Everybody has a spike protein mode. I actually measure that in lab cords.

The best test we have at this time to look at quantitative antibody dilution. And so I have you know, there's only been a few people I've seen that were negative.

And then some people, you know, they start reporting over 25,000. So I see this huge range. And, you know, I found a few papers that talked about spike protein specifically, basically binds and stimulates the mast cell.

So if you have high circulating spike protein you're going to be constantly triggering your, you know, essentially mast cells, right. We also know that anything that stirs up IGP or amino globulin, for which we can measure total immunoglobulin E and lab for fast as well.

And if that's elevated, that's often because the body's trying to tag through an antibody response and have it other parts of the immune system recognize what they've tagged.

It's often a parasitic infection or other infections. And IgG by itself communicates the mast cell has an IG receptor so that also, you know, creates hypervigilance.

And you know, the mast cell. And I you know, I, I don't have all the words for it at this point, Jason, but it's like one part of our immune system. And modern train is very hyper responsive and hyper inflamed.

Right. Our tube plus it's not just THC, but it's our mast cells. It's our IGP as our two response. And then one part of our immune system is completely suppressed.

Right. My patients have low white blood cells, low natural killer cells, low total immunoglobulin. She is. So you know, the things that the body needs to do to clean up these terrain triggers are not happening without facilitation of support.

So that's also perpetuating a cycle of that makes sense. Yeah, absolutely. And this is part of the reason I think that you and I may be both landed on sort of terrain theory by regulatory medicine, and trust in the body is that the immune system so insanely complex that we have balancing mechanisms and we have, you know, counteracting forces.

Right? And we seed cells and we got to cells and we got interleukins. And there's like so many moving parts that, yes, we can sort of map it out biochemically, but in real time.

It's like insane what the body's capable of sort of orchestrating. Right. And so I totally hear that point. So, you know, with that said, with regard to mast cells and MCUs, how might somebody but actually, before I get into that, you know, you mentioned a couple things that I think may be helpful for some people to to kind of really get a better picture of the landscape.

You mentioned the fascia, right? You mentioned the extracellular matrix. And so how do these and the lymphatic system. Right. So three kind of different terms all kind of speaking in the same realm.

So maybe you can flush that out because this is not an area that that I mean look some people talk about lymphatic system, but but the fascia and extracellular matrix and how it works together, where things like the spleen and the liver and the gallbladder and like all our other systems, is not necessarily well known.

Yeah. Yeah, absolutely. And this is, you know, a place I inquire and I try to, you know, evolve my model over time, you know as well. And when I speak about this, I often show these pictures.

So I'm glad you focus just there. So in my understanding this time, you know, the body is interconnected just like life, right. And it's a microscopic microcosm of that microcosm expression.

The fish, I believe, gives us a through line of this continuum. Right. So people who have studied this, Doctor Sean Hopkins, Berto and Doctor James Ashman have called the fascia continuum or the living matrix that it might take different shapes or forms, but it is the same fabric from the skin to the DNA of the self.

And we could expand upon that if we wanted to today. Ideas. So we have our skin. We have different layers of germs. Then a new organ that was newly discovered, you know, maybe less than ten years ago is the Interstitium, which is part of this continuum that they thought when we see like a dead body, we see different things in a living body.

And as our observation techniques expand, we learn more about the living body. So we used to think, are these just stacks of collagen, which is part of a fashion.

But now we know that there are these kind of vacuoles of fluid underneath the fascia that is kind of the pre lymphatics. So the lymphatics are within the facial fabric and it's all kind of one continuum.

So we have the dermis several layers of the dermis. We have the interstitium. And then we you know travel you know through these deeper networks and different densities of our, you know, organ, you know, depending on where we are.

And the fascial fabric weaves throughout this. So it's part of our connective tissue or collagen matrix. Collagen is the most abundant protein in the body.

It also delivers the form of plasma water to our tissues.

## Fascia, Extracellular Matrix, and Lymphatic Flow

So there's structured water flowing flowing around and through that collagen matrix. And then you know, as we get into smaller spaces, right. So it's just different shapes and densities and different parts of the body.

But there's a through line within each, you know, part of the body called the extracellular matrix. So whether you're in a liver cell or you're in a neuron or in your in a, the line of the intestine, there is this idea of the space between the cell and that has the collagen fabric going through it, creating structure, but also communication.

And delivering water. We have protease glycans which are sulfate and negative charged feathery mike rejections that kind of move fluid in that space. We have the micro vessels of the capillaries of the arterial system that is delivering oxygen to the space that is also the beginning of the lymphatics, because a lot of fluid from the capillaries leaves that space and becomes what we call interstitial fluid or free lymph.

So its job is to bathe the cells with oxygen and nutrients. And then there is movement in that space that gets taken up. That fluid gets taken up by a lymphatic capillaries which are draining this fluid.

And now it is a while the fluid is moving around, negatively charged the spaces. And whether or not, you know, the lymphatics are taking and draining the space or if there is stagnation.

Right. And so again, when there is movement, the cells can basically eliminate their waste. The waste can be taken out through the the lymphatic capillaries.

There can be more connection and communication between the cells. There can be delivery of information throughout the body. And everything's healthy. Right.

And then we have immune cells in that space. We have fibroblasts that break the space down and build it up so it remains healthy. We have other white blood cells and we have now cells.

So many cells are an extra line. Right. They're there to see what's for and what's, you know, what's an invader. What's not. And a big part of lymphatic system is to not only drain and detoxify metabolic waste, but also environmental, you know, exposures.

And also it's a big part of our immune surveillance, because whatever is being carried through this space that no longer belongs will be taken through the lymphatics.

And part of the lymphatic network exposes, like the lens, either to the spleen or to lymph nodes, or to Gault or molt, or these areas of high concentration, you know, immune activity that can identify and create a response through B cells or T cells so that hopefully the body can lower that load or get rid of what is a foreign invader.

So what happens when a space gets overwhelmed, which is the crux of the mast cell conversation is okay. You have an aluminum exposure of aluminum is very high charged right.

And it's three plus often body it's going to bind to the negatively charged protease glycans or collagen. Right. And that's due to great, you know, problems over time.

Mercury is same way like a say can be embedded into the collagen matrix because it looks like glycine, which is an amino acid we used to make collagen, right?

Microplastics. We're still learning how they plug up all these pieces. Lime loves to degrade collagen and thrive off of, you know, those amino acids. So it's going to break down space.

You know, parasites can hang out fungi, all of these things, mycotoxins. So we can see how that can get that area can get distorted. It's stagnant. And then also through everything I just said, and also let's just say 5G, the water in our body cannot be as structured or as plasma.

H302 state. So we're losing negative charge, we're losing and energy and information in the body. So a lot of things distort our coherence on a level, on a really micro level.

And so really to restore balance in a mast cell is to restore coherence in the body right on these levels of, you know, regulation. And so no matter what decade I am and in practice or what the injury or the latest assault is, there's always a mechanism for it either creates movement or stagnation in these spaces.

And that's really the key to help. Yeah. And that's kind of why I wanted to go there first before we get into solutions, because it's such an important topic.

And the way I kind of think about it is almost like, you know, if you if you peel an orange, right, and you open an orange and you see just this matrix of, of orange tissue that's sort of holding water in a way, right.

Or a watermelon might be the same thing. Right? And it's like 97 or 98% water, whatever the case is. But it's all that living matrix within there that is somehow interweave.

Right. So that's that's kind of my mental model for how I think about the body, because before I know, I think most people think about it in layers in separate things.

Right. So when you think about the skin and then you get another layer of skin and then you get another layer of something and then a layer of fat and then a layer of, you know, muscle.

I think there's actual things going from top to bottom and ins and outs and down to the micro and, you know, it's like so there's it's like it's like roots of a tree that just go everywhere.

Right. And and then there's soil in there. Right. So there's like there is it's not it's a continuum of living tissue and water. And that is facilitating, as you mentioned, energy, electricity, information, vitality, life force, prana key.

However you want to describe that as well as molecules and chemicals and and toxins and waste. Right. Because sure as heck we're living and breathing.

We're going to produce waste. And somehow that's got to get out of us. And it's not all filtering through the liver and the blood in the kidneys and the stool.

Right. Like it is going elsewhere. And so this is, I think, still really what. But a lot of Western science is trying to figure out is how does all this actually happen.

And, and I think to some degree, we don't need to know all the details, but really important to understand how critical this system is that is often forgotten about.

We talk about the liver. We talk about the gallbladder, we talk about the kidneys. Right. And we and these organs of elimination, quote unquote. But, you know, it's only now, I'd say in the last 10 or 15 years, really, that that many people are starting to talk about the lymphatic system, but even in extracellular matrix and these sort of more, I guess, hidden, unknown aspects of how the body functions.

But this becomes the critical piece for figuring out the, the central issue of most health and disease. And this is the this is the framework for, for most of our data from a body level.

You know, it's like things are clogged, things are not moving. And as you mentioned earlier, when we have that stagnation, when we when we don't have life force energy in parts of the body, there's some block there.

The field is, is, is being blocked. Well, that is where I guess you could say other aspects of life will start to degrade it. In other words, there's an aspect of like this is dead.

It's a necrotic tissue, there's toxins and waste. And so this is where microorganisms, parasites, other things start to come in and do some damage because it's almost like a tree that falls in the forest.

There's going to be these things that come in and consume that and recycle it. Right. And that's kind of what happens when lifeforce energy stops flowing.

Other elements of life start to recycle it, break it down degenerated because it's not useful. Right. So we need to restore that vitality that flow, that lifeforce energy, that movement.

And that's how we regain our health and the communication that's required to maintain that. Yeah. No, I love everything you just said. And I feel like the extracellular matrix, you know, outside our conversation today is also this really this bridge of science and spirituality?

Yes. Totally. Bio regulatory medicine, coherence medicine and this bridge of biochemistry and quantum physics. It's all happening in such a physics game at that level.

Like, no question, I need to go to Buckminster Fuller. You can go in that, you know, like all these physics guys because it's there's some there's literally magic happening at that level or what appears to be magic.

And when you get into the deep physics and the bio physics, it all seems like magic because it's so miraculous. So with all that said, what?

## Treatment Strategies for Stabilizing Mast Cells

How can somebody think about treating quote unquote dealing with approaching massive activation syndrome, knowing that it might this sort of core issue may have come from any number of things, 20 different, you know, X or

root causes, you could say, or environmental factors.

How does somebody navigate that, that that condition. Yeah, absolutely. And you know, with regulation medicine we often talk about like a first step is okay finding interference fields, mitigating that.

You know having a plan for them. And remind us real quick what. Fields can be focal infections where the body stops responding. And there's kind of an overwhelming amount of bile from a reservoir of microbes or toxicants that are chronically poisoning that fascia them, addicts in the autonomic nervous system.

So that can be the sinuses. Yeah. In fact, that's it. I just had an interview with Doctor Miles and we talked about mark ons. Right. So Morton's being one of those things that people kind of overlook and continuously will seed the gut and system overall.

Exactly. And so, so essentially, you know, in train medicine, we think about that, we think about the autonomic nervous system. And today is like a lot of vagus nerve support, lymphatic work.

And, you know, just starting to gently getting the body starting to move before we go into deeper work. And I now in my protocols, I have, you know, massage as part of regulation work.

Like it's really because of the mast cells are over firing and interfering with our communication networks. We're never going to get anywhere. And kind of what flipped it on its head for me, my understanding, I used to think like, oh, you know, we have to treat all the underlying causes and then people will stop being sensitive.

And that works before 2020. And now after 2020, we have to stabilize the cell at whatever cost we need to in order to treat the underlying issues so that the person can have not only, you know, suffering relief, of course, but in order to treat those underlying causes, we are going to move things in the body, right?

We're to, you know, identify tags so your mitigate, you know, reduce load of all of these things. And that is going to basically come against the mast cell with animal cells already hypervigilant.

You're going to get nowhere in treatment because people are going to be calling you every other day because they're so sensitive and not responding. So I've learned many different things, you know, over the years, you know, to treatment cells.

And I would say there are natural substances that work for some people. Right. So Dao enzyme, quercetin, vitamin C, different normal combinations that are out there from different companies.

There's also peptides, you know, that work especially like BPC. 157 Cfpb those are kind of the big ones. Butyrate is actually mast cell stabilizer a beta.

And there's also I've learned this clinically that people are responding, especially those who have pots to higher and higher salt electrolytes and the higher salt.

Electrolytes actually not only help with blood volume and to help them be less dizzy, but they actually, if you're salt deficient, you're going to actually destabilize the membrane of the mast cell and affect your granulation more.

So getting people more like sodium chloride and potassium are really important. Do you think be a good way to kind of go? That's good. If people tolerate that, I need high salt electrolytes.

So there are different in this out there. But I mean I mean I've been yeah just really surprised. But good salt people can tolerate 1000mg of sodium chloride 3 to 4 times a day, you know, especially when they're in crisis.

Well, and then Gaba, there are Gaba receptors in the mast that actually help to calm down the vagus nerve. And the mast cells have a dance. So the mast cells are round the vagus nerve.

So when they deep regulate that affects the autonomic nervous system. How do you how do you sorry how do you like to how would I would you suggest somebody consume Gaba.

Because you know if you certain forms right aren't going to cross there, you're not going to be very effective. Right. Yeah. We're reformulating our Somnium.

It's coming out on end of 2025. We're doing a topical Gaba. I love topicals for this patient population because there's so much reactivity when you go top down with these patients that sometimes an intro way is to, you know, use a linear matrix to get into the lymphatics.

So that is awesome. I also love pharma, Gaba, liposomal Gaba, those all work, you know, to that way. But it's important to recognize that if it's just a regular Gaba pill that you buy on Amazon, it's too big, right?

It's not going to actually cross the blood brain barrier. It's going to get broken down, I believe. Right. If you just take it orally, for example, which is why some sort of mechanized liposomal or again, better yet, topical is going to be more effective.

Yeah, absolutely. A clinical pearl is that people are on benzos to get through their day. It's often so issue because Marcel's basically benzos are working with the Gabor receptors in the Gaba pathways in the body.

And they also stabilize people's mast cells because a lot of people with nasal activation anxiety. So part of our journey is just stabilizing the cells with other things.

And then when people off over top of their body make sense and if someone is is super like is just hypersensitive to the max, they can't take. Of course, often they can't take a blue lithium like they're just reacting to everything.

Would you say that nervous system work is kind of like where they should start? Yeah. So, you know, I'll use so that mast cells around the vagus nerve.

So we need mast cells to be stable for the nervous system. But we also need the vagus nerve to work to basically have that anti-inflammatory. So kind of help them be so hypervigilant.

So that can be nervous system work. That could be if I so title Colleen I've been using a lot of B-1 and different forms on there is person plaster type maker that I'll use and different doses to get people's vagus nerve kind of start calming down.

People's vagus nerve is infected and toxic. So there's other downstream, you know, things to do, but to kind of get it working, that vagus nerve stimulators can work too.

For some folks, the nicotine patch can help, especially if there's spike protein involvement. That's usually kind of a step, too, I would say, rather than a step one.

And then I will compound often H1, h2 and nasal stabilizers for those super sensitive folks. So that can be like a lot of work from land or Claritin or desert check.

I don't like using Pepcid as a block stomach acid, but every now and then you have to to get people progress. And so it's kind of like I honestly, you know, I say this all the time.

It often takes 5 or 6 strategies just to create stability before you treat people. Now, you know, that's been my biggest learning curve for sure over these last five years.

Yeah. And that's I think with mast cell it can be so complex. And there can be such a an order of operations that generally it's I think you would probably agree it's it's tough to wing it.

It's tough to go to somebody that's maybe heard of it or has some familiarity but doesn't have the experience and

working with it. So finding someone who really knows kind of is really literate in that in that world and has experience going through that process, I think is is pretty critical.

And one other thing that has really changed the game for a lot of my patients. Doctor Tina Moore taught me about microdosing. GLP one isn't they're controversial, but when you think about it, glucagon like peptide one is created in our brainstem and in our gut microbiome.

Another key area where mass cells are overreactive. Right. And so production and receptor activity and receptor binding goes down with stress or age. And so I think like kind of like melatonin or tell me about another molecule, like we're running around in deficient states and mast cells have GLP one receptors.

## Clinic Vision and Closing Remarks

They have receptors. So by the way we're not advocating to go out and take a bunch of GFP like this is microdosing for a very specific reason. I'm totally so GLP one for weight loss is like a whole other strategy and it's higher dose.

So like it's 2.5mg of semaglutide or 2.5 to 15mg rather of tears. Appetite. Right. Those are the doses we're starting with 2.05mg. That's a microdose from semaglutide.

Sometimes we add up to.1.2, but not often. And the biggest thing if this works for some people is a once a week injection. You can take it orally, but I don't.

I haven't figured the dosing out as well because there's first pass and it's a little more complicated to get people the micro dose. But when this works, it's like so rewarding as people are like they're less inflamed because a lot of people with myself have like a damaged tissue.

So they're just they're not fat, they're just swollen. Right? They can, you know, a demon, their legs are not that sure. And their tissues so they're less swollen.

They just feel more steady and stable, like they have a stronger foundation. That's what they tell me over and over again. This works. And then from there, I can treat them, you know, better.

So then I'm not as relying on each one or each tour that's still in there. You know the gain. So it's more of like a really elegant mechanism to stabilize some of these folks.

And it's not for everyone, obviously, but for the people that it works. It works really well. Yeah. That's amazing. Well, this has been fantastic. Christine, I want to, before we close out, I want you to tell us a little bit about that.

This new clinic that you got that you and I think Sinclair are actually opening together. Right. And this is kind of a really it sounds like a really advanced clinic to to bring some of these things into practice.

Yeah. Thank you. Thank you so much. And so Sinclair Community and I are dear friends also on a very similar mission. And our husband Michael Spindler was also they've also been through a healing journey, have been on the front line of practicing for many years.

And so we just had a very shared mission that we wanted to create a place not only as a model for this new paradigm, but for a place that people can really change and transform, you know, when they show up for a few days to a week.

And, you know, we have everything from nervous system support to advanced energy medicine and sound healing to different oxygen therapies and ozone. And then a really awesome IB room where we're bringing in blood filtration from Europe and also the very best regenerative medicine.

So we're trying to really create a model of coherence, at least in this day and age, what we know at this time, and

really we just have so much compassion.

There's so many people who come to us that have been sick for decades, and we just want people to, you know, feel well in their body, in their spirit, so they can really engage in what they can here to engage with on a sole purpose level.

And so, so yeah, we're creating a center. It's opening in October of 2025, in Carlsbad, California, and we're also doing trainings and having retreats there as well.

So just gonna take a look at the website when you get a chance. And we'd be honored to serve you there. Yeah. Beautiful. And it's in my backyard. So I'm gonna have to find a way to come in and, you know, just finagle some fun stuff.

Yeah, yeah, yeah. So I couldn't I couldn't advocate more for the work that Christine is doing. And Sinclair, they have definitely a shared mission, shared mindset, shared brilliance.

So anybody who goes there is going to really get a lot of experience and understanding at a deep, deep level that many places can't offer. So, so time that you guys are opening that.

And Christine, thank you so much for coming on today. Really appreciate you joining us. Thank you so much, Jason. It's always a pleasure. Thank you.